



FIRST THINGS FIRST

Ready for School. Set for Life.

AGENDA ITEM: Oral Health Policy and Implementation

BACKGROUND: Oral health disease is 100 percent preventable, and although the American Academy of Pediatrics recommends that a child's first dental visit occurs by age one, not all dentists are trained to provide services to children under three and there are not enough pediatric dentists who can provide dental services to young children in the state. This is especially critical because tooth decay is a chronic, infectious disease that starts with primary teeth (baby teeth) and early tooth decay is a predictor of a life time of oral disease and contributes to other diseases such as heart disease and diabetes as adults.

This report provides information on First Things First's approach to oral health policy and implementation of oral health strategies to address this health care need.

RECOMMENDATION: The CEO presents this report for informational purposes only.



FIRST THINGS FIRST

Ready for School. Set for Life.

Oral Health Policy and Implementation

Introduction:

First Things First's approach to oral health care needs of children birth to five years is focused on screening children for dental decay or problems, applying a preventive coat of fluoride varnish to teeth as part of the screening process, teaching parents how to care for their young children's first teeth and working with the dental community to enhance access to dental care for all children. Screening and varnish applications as well as parent education usually occurs in child care centers or at other community based locations where families typically gather such as Family Resource Centers or WIC clinics. Children and their parents are given a packet of information, a soft tooth brush and child friendly tooth paste, and tablets for children to chew that shows areas that need additional attention. The primary goal is to have parents and child care staff focused on early prevention of tooth decay.

Additionally, FTF is currently accepting proposals to develop a statewide web based portal with a database of dental providers for families seeking low cost or free oral health services for their children. FTF also works with professional dental organizations to identify the professional development needs of dentists who could serve children younger than five years and on developing and advocating for state-wide dental policy development.

Important facts:

- Oral disease is 100 percent preventable.
- The American Academy of Pediatrics recommend the first dental visit to occur by age one but not all dentists are trained to provide services to children under three and there are not enough pediatric dentists who can provide dental services to young children in the state.
 - According to the 2004 Arizona Department of Health Services (DHS) Dentist Survey , <1% of dentists are Board Certified in Pediatric Dentistry, 58% of all dentists volunteer outside of their practice and only 17% of all respondents are willing to examine children under the age of 3 years old.
- Tooth decay is a chronic, infectious disease that starts with primary teeth (baby teeth).
- Early tooth decay is a predictor of a life time of oral disease and contributes to other diseases such as heart disease and diabetes as adults.

- Dental care is the most unmet health need for young children.
- Access to dental care is disproportionately lower in low income and minority populations.

Why it is important for children to have a dental home? (A dental practice where dental care is provided consistently for children)

- Children who have an established relationship with a dental practice have a decreased risk of untreated dental decay and improved oral health.
- Young children suffer pain and suffering related to untreated dental disease.
- Preventing oral disease reduces the risk of:
 - Language delays due to tooth pain;
 - Poor nutritional status because it is painful to chew and swallow; and
 - Less absence from school.
- Barriers to dental service access include:
 - Varied eligibility requirements for dental services for children with private and public insurance.
 - Long waiting lists for dentists who can provide treatment for young children.
 - Out of pocket expenses for parents contribute to parents not taking their children to the dentists for primary teeth.
 - Geographic challenges in terms of access to pediatric dentists.
 - Private provider scheduling/time issues- no evening and weekend hours for working parents.

FTF supports improved access to dental care for young children:

- The regionally-funded Oral Health strategy includes screening children and in some regions pregnant women for dental caries by dental hygienists or trained screeners, application of fluoride varnish, parent education on the importance of routine teeth brushing of primary teeth, improved nutrition and reduction of sweets.
- In 2012, 18 regions funded the Oral Health strategy for a total allotment of \$4,390,260.
- In 2013, 17 regions funded the Oral Health strategy for a total allotment of \$3,954,262.

- The South Phoenix Regional Director has been working on the ability of local health departments to bill AHCCCS for dental screening and varnishes as a pilot for other health departments.
- There is an increased use of tele-dentistry in rural areas supported by FTF through the use of inter-oral screening cameras and digital transfer of images. In some rural regions regional directors are involved with task force development of a tele-dentistry system to meet the needs of children in rural areas.
- FTF will fund expansion of the Arizona Oral Health Professional Survey beginning in 2014 in partnership with DHS. This survey is based on the 2004 DHS survey, and includes data from a sample of actual oral health exams in young children across the state. Data from this survey will be used to track progress on the School Readiness Indicator: #/% of children age 5 with untreated tooth decay.
- FTF staff participates in the Maricopa County Oral Health Leaders, Advocates, and Resources (MOLAR) policy group, as well as with other advocates for local policies that promote oral health (such as fluoridated public water).
- FTF recently released a statewide RFGA for an Oral Health Referral Database strategy to create a web based portal with a database of dental providers for families seeking low cost or free oral health services for their children. In addition to linking families to public clinics and providers that have traditionally served uninsured and underinsured populations, this database will also provide linkage to private providers willing to donate their time. Those agencies and programs that traditionally provide low cost or free care often have long waiting lists to receive services. A network of private and public dental providers who are willing to take some of those patients will expand choices for families and increase access to care. Private providers who accept AHCCCS will potentially be able to bill for reimbursement for at least some of the services provided and will have the opportunity to encourage families to identify a dental home for their children.
- Successes to date:
 - 27,645 Children screened.
 - 26,390 Fluoride varnishes applied.
 - 20,576 Parents received education materials

ORAL HEALTH POLICY

Status of Oral Health for Arizona's Children Report on FTF Oral Health Policy and Implementation

Early Childhood Oral Health

- Oral disease is 100 percent preventable
- Leading oral health experts recommend first dental visit by age 1
- Dental Disease is "one of the most common chronic infectious diseases among U.S. children" (CDC)
 - Disproportionately higher rates of dental disease in low income and minority populations

FIRST THINGS FIRST

Why is Oral Health Important??

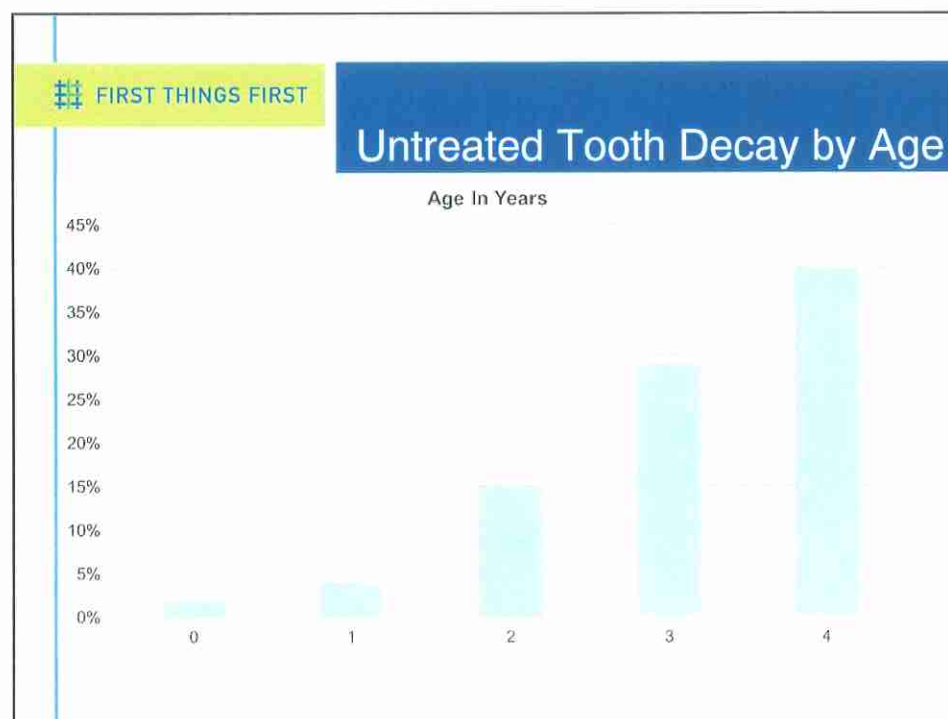
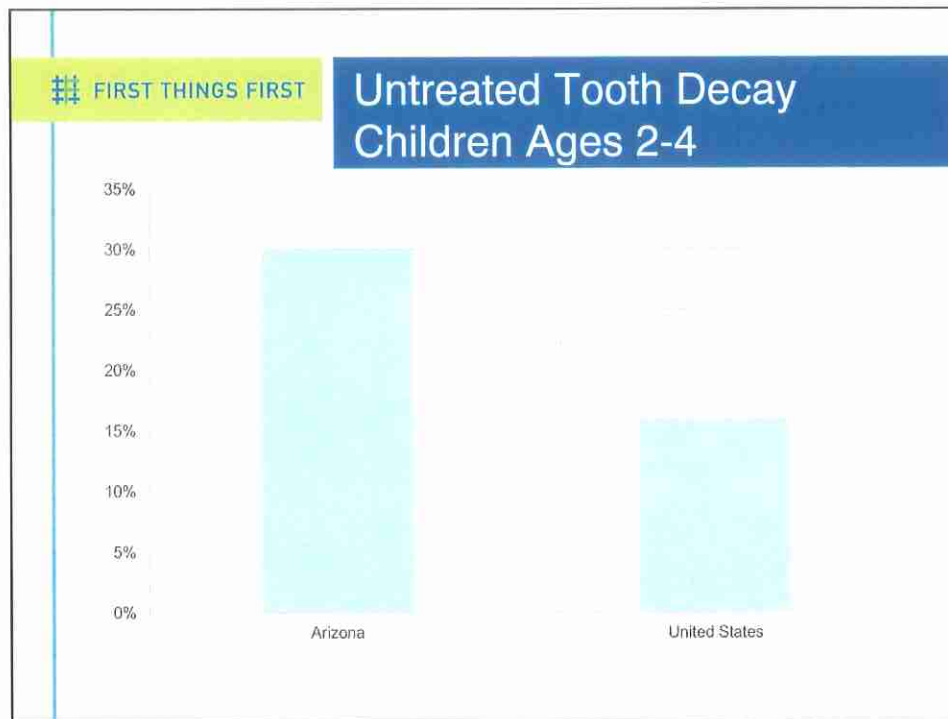
- Tooth decay is a chronic, infectious disease
- Early tooth decay is a predictor of a life time of oral disease
- Dental care is the most unmet health need in children
- Cannot be CURED, only mitigated



FIRST THINGS FIRST

Complications of Oral Disease

- | | |
|------------------------------------|-----------------------------------|
| • Pain and suffering | • Higher rates of Chronic Disease |
| • Speech difficulty | Heart disease |
| • Poor nutritional status | Diabetes |
| Difficulty in chewing & swallowing | Adverse pregnancy outcomes |
| • Missed school days | Systemic Infection |
| 51 million school hours per year | • Poor self esteem |
| | • Higher health care costs |



FIRST THINGS FIRST

Strategies to Reduce Tooth Decay

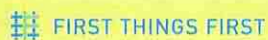
- Parent knowledge and practice of age appropriate daily oral hygiene
- First dental visit by age one
- Nutritional strategies
 - Reduce or eliminate sugar sweetened beverages
 - Cup instead of bottle over age one
 - Healthy meals and snacks
- Fluoride varnish
- Oral health screening of pregnant women
- Fluoridated water supply

FIRST THINGS FIRST

FTF Regional Oral Health Strategy



- Regular oral health screening- purchase of screening equipment
- Fluoride varnish
- Family Education
- Distribution of oral health kits
- Oral health provider education
- Tele-dentistry in some regions
- 2012, 18 regions-\$4,390,260.
- 2013, 17 regions- \$3,954,262.



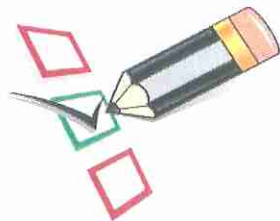
Successes

- FTF Regions funding Oral Health Strategy
 - 27,645 Children Screened
 - 26,390 Fluoride Varnishes Applied
 - 20,576 Parents Provided Education
 - South Phoenix has been working on increasing capacity for local health departments to be reimbursed by AHCCCS for screening and fluoride varnishes.
- Increased use of tele-dentistry in conjunction with digital screening in rural areas



FTF Statewide Oral Health Strategy

Oral Health Professional Survey



Resource and Referral Database



FIRST THINGS FIRST

Questions??

